



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MEDICAL PRACTICE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

### Verification of Respiratory Care Education

(Complete and submit verification of education form to your school and request your school to return completed form directly to the address on the top of this form.)

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

This section is  
to be completed  
by applicant.

Be sure to sign  
the form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name if Different from Above: \_\_\_\_\_

I am applying for licensure as a Respiratory Care Practitioner in the State of Delaware. Before my application can be reviewed, verification of my Degree or Certification is required. I am authorizing the release of the information requested on this form to be sent to the State of Delaware.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program  
Participation to  
be completed by  
the Institution:

Our records indicate that \_\_\_\_\_ was enrolled in  
(Type / print individual's name: Last, First, middle)  
our institution during the following dates (mm/dd/yy):

From	To
_____/_____/_____ Month Day Year	_____/_____/_____ Month Day Year

This individual (check one):

\_\_\_\_\_ was awarded the degree of \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
\_\_\_\_\_ was NOT awarded a degree (please attach an explanation)

#### Certification

\*\*\*AFFIX

OFFICIAL

SEAL HERE

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*RETURN COMPLETED FORM WITH SEAL AFFIXED TO THE BOARD ADDRESS ABOVE. THANK YOU.